

of each in  
N. D.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each child.  
ORIGINAL LABEL WITH UNFADING INK—THIS IS A PERM.

AMENDMENT ATTACHED  
ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 132  
Registered No. 470

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 5 Porto Rico Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Isobel Guzman  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov-13-1927  
Month Day Year

8. FATHER  
Full name Refugio Guzman  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex. 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Jalisco  
(State or country) Mex.

13. Occupation  
Nature of industry Store keeper

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 2  
(c) Stillborn \_\_\_\_\_

14. MOTHER  
Full maiden name Maria Isobel Fajard  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex. 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Fierro  
(State or country) New Mex.

19. Occupation  
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. m. on the date above stated  
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona

Filed Nov 20, 1927 C. E. Brown  
Registrar

Registrar

475-113-116